

### **REMARKS/ARGUMENTS**

Claims 7-15 remain in the application. Claim 7 has been amended. Claims 1-6 have been canceled. Claims 12-15 have been withdrawn from further consideration. The Abstract has been amended. Reconsideration of this application, as amended, is respectfully requested.

Claim 7 has been amended to specify that the nodule have a convex surface. Support for this amendment can be found in FIGS. 2, 3, 7, 8, 9, and 10.

The Abstract was amended to conform to MPEP § 608.01.

The abstract of the disclosure was objected to because it does not contain between 50 and 150 words and is currently too brief to provide for a clear understanding of the novelty of the device. This objection has been addressed by the revision of the abstract of the disclosure.

Claims 7-11 were rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1, 2, 4, and 5 of U. S. Patent No. 6,361,550 as well as claims 5-6 of U. S. Patent No. 6,582,449. A terminal disclaimer is being submitted herewith to address this ground of rejection.

Claims 7-11 were rejected under 35 U. S. C. §102(b) as being anticipated by Wilk et al. (US Patent 5,269,767). This rejection is respectfully traversed for the following reasons.

Wilk et al., U. S. Patent No. 5,269,767 (hereinafter "Wilk et al."), discloses a device for use during sinus surgery comprising a housing, a pair of straps connected to the housing for attaching the housing to a patient's head so that the housing is juxtaposed to an eyeball of the patient, and a pressurization component mounted to the housing for automatically exerting a varying pressure on the patient's eyeball. The pressure exerted is controlled to provide a regular pulsation of the eye in the event that the bony orbit between the sinus cavity and the eye is thin or perforated.

Claim 7, as amended, requires that the nodule, i.e., reference numeral 4 in FIGS. 2, 3, 7, 8, 9, and 10, have a convex surface. According to Wilk et al., the


eye contact member 20 must have a concave surface 22 in order to engage the eyelid of the patient so as to enable the application of pressure over an extended surface of the cornea. See column 2, lines 50-54, column 3, lines 10-15, and FIG. 4 of Wilk et al. In view of the foregoing, it is submitted that Wilk et al. does not anticipate claims 7-11 of this application.

In view of the foregoing, it is submitted that claims 7-11, as amended, are in condition for allowance, and official Notice of Allowance is respectfully requested.

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